

### 19.5.3 Coding of data for the adult age group

#### DATA COLLECTION

#### QUESTIONNAIRE DATA FOR THE ADULT GROUP

Form: 03 or 04

Version 1

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Item	Name	Specification and Codes	Question #
1	FORM	Questionnaire age group THIS IS FORM TYPE 03 / 04 03 = All questionnaire data from adults of 13-14 year old students CODE 03 HERE 04 = All questionnaire data from adults of 6-7 year old students CODE 04 HERE	
2	VERSION	Form version 1	
3	COUNTRY	Country code	
4	CENTRE	Centre code	
5	SCHOOL	School identification number	
6	SERIAL	Serial number of respondent	
7	DINT	Date of interview / receiving response Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
8	AGE	The actual age of the respondent (years) Use code 99 for an invalid response	
9	DBIRTH	Date of birth of the respondent Use ddmmyyyy where: dd = Day mm = Month yyyy = Year Use code 99 or 9999 if information is not available for any of these components	
10	SEX	Sex of the respondent 1 = Male 2 = Female 9 = Any other response	

11	RELAT	Relationship to the child who brought this questionnaire home from school 1 = Parent 2 = Grandparent 3 = Other 9 = Any other response	
12	RELATOTH	Other relationship to the child Note: Please enter the relationship name specified. Leave blank if no relationship was specified, or an illegible or invalid response was provided.	
13	LANGUAGE	Language of the questionnaire Use a three digit code for each language used in the centre from the list on page 186. If an appropriate language code is not available, please contact the GAN Global Centre (contact number page 214) to request a code number for your language.	
14	ADBRTHEV	Do you ever have trouble with your breathing? 1= never 2= only rarely 3= repeatedly, but it always gets completely better 4= continuously, so that your breathing is never quite right 9= Any other response	1
15	WHEZ12	Have you had wheezing or whistling in your chest at any time <u>in the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	2
16	NWHEZ12	How many attacks of wheezing have you had <u>in the past 12 months</u> ? 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response	3
17	AWAKE12	<u>In the past 12 months</u> , how often, on average, has your sleep been disturbed due to wheezing? 1 = Never woken with wheezing 2 = Less than one night per week 3 = One or more nights per week 9 = Any other response	4
18	ADBRTHLS	Have you ever been breathless when the wheezing noise was present? 1 = Yes 2 = No 9 = Any other response	5

19	ADWOKE12	In the <u>past 12 months</u> , how often, on average, has your sleep been disturbed due to shortness of breath? 1 = Never 2 = Less than one night per week 3 = One or more nights per week 9 = Any other response	6
20	ADCOUH12	In the <u>past 12 months</u> , how often, on average, has your sleep been disturbed due to coughing? 1 = Never 2 = Less than one night per week 3 = One or more nights per week 9 = Any other response	7
21	SPEECH12	In the <u>past 12 months</u> , has wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths? 1 = Yes 2 = No 9 = Any other response	8
22	ASTHMAEV	Have you <u>ever</u> had asthma? 1 = Yes 2 = No 9 = Any other response	9
23	ASTHDOC	Was your asthma confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	10
24	ASTHPLAN	Do you have a written plan which tells you how to look after your asthma? 1 = Yes 2 = No 9 = Any other response	11
25	ASTHAGE	How old were you when you had your first attack of asthma? Note: Use code '99' for an invalid response.	12
26	ASTHMA12	Have you had an attack of asthma <u>in the past 12 months</u> ? 1 = Yes 2 = No 9 = Any other response	13
27	MEDPUFF	Have you used any inhaled medicines e.g. puffers ( <i>use local terminology</i> ) to help your breathing at any time <u>in the past 12 months</u> ? (when you did not have a cold) 1 = Yes 2 = No 9 = Any other response	14

- 28 SABAFREQ Please indicate how often you used of each of the inhaled medicines listed below in the past 12 months: 14a
- Short Acting  $\beta$ -Agonists (SABA):  
Frequency  
1 = Only when needed  
2 = In short courses  
3 = Every day  
9 = Any other response
- 29 LABAFREQ Long Acting  $\beta$ -Agonists (LABA):  
Frequency  
1 = Only when needed  
2 = In short courses  
3 = Every day  
9 = Any other response
- 30 ICSFREQ Inhaled Corticosteroids (ICS):  
Frequency 1 = Only when needed  
2 = In short courses  
3 = Every day  
9 = Any other response
- 31 COMBFREQ Combination ICS and LABA:  
Frequency [4]  
1 = Only when needed  
2 = In short courses  
3 = Every day  
9 = Any other response
- 32 MEDPILL Have you used any tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) that you swallowed to help your breathing at any time in the past 12 months? (when you didn't have a cold) 15
- 1 = Yes  
2 = No  
9 = Any other response
- 33 MEDPIL1a Please indicate how often you used of each of the tablets, capsules, liquids or other medicines e.g. pills (*use local terminology*) listed below in the past 12 months: 15a
- Name [1]  
Note: Please enter the chemical name and local brand name that relates to this question.
- 34 MEDPIL1b Frequency [1]  
1 = Only when needed  
2 = In short courses  
3 = Every day  
9 = Any other response
- 35 MEDPIL2a Name [2]  
Note: Please enter the chemical name and local brand name that relates to this question.

36	MEDPIL2b	Frequency [2] 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response	
37	MEDPIL3a	Name [3] Note: Please enter the chemical name and local brand name that relates to this question.	
38	MEDPIL3b	Frequency [3] 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response	
39	MEDPIL4a	Name [4] Note: Please enter the chemical name and local brand name that relates to this question.	
40	MEDPIL4b	Frequency [4] 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response  Note: If you require more columns to accommodate more medicine names, please follow the naming convention above where MEDPILxa is the name of the medicine and MEDPILxb is the frequency that medicine, and x is a sequential number uniquely identifying each variable. Use the existing codes to code each question: 1 = Only when needed 2 = In short courses 3 = Every day 9 = Any other response	
41	DOCBRT12	<u>In the past 12 months</u> , how many times have you <u>urgently</u> been to a doctor because of your breathing problems? 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response	16
42	ERBRTH12	<u>In the past 12 months</u> , how many times have you <u>urgently</u> been to an Emergency Department without being admitted to hospital because of breathing problems? 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response	17

43	HOSBRT12	In the <u>past 12 months</u> how many times have you been admitted to hospital because of your breathing problems. 1 = None 2 = 1 3 = 2 4 = More than 2 9 = Any other response	18
44	SCHOOL12	In the <u>past 12 months</u> , how many days was your usual activity (at work or in the home) limited because you had breathing problems? 1 = None 2 = 1 to 3 3 = 4 to 12 4 = More than 12 9 = Any other response	19
45	JOBWHEEZ	Have you ever worked in any job that caused wheezing or whistling in your chest? 1 = Yes 2 = No 9 = Any other response	20
46	NOJOBWHZ	Have you had to leave any of these jobs because they affected your breathing? 1 = Yes 2 = No 9 = Any other response	20a
47	HFEVEREV	Have you <u>ever</u> had hay fever? 1 = Yes 2 = No 9 = Any other response	21
48	HFEVDOC	Was your hay fever confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	22
49	ECZEMAEV	Have you <u>ever</u> had eczema? 1 = Yes 2 = No 9 = Any other response	23
50	ECZEDOC	Was your eczema confirmed by a doctor? 1 = Yes 2 = No 9 = Any other response	24



51	ADEDU	What level of education have you received? ( <i>use local terminology</i> ) 1 = Primary school 2 = Secondary school 3 = College, University or other form of tertiary education 9 = Any other response	25
		Does or did your home have visible moisture or mould spots on the walls or ceiling, anywhere in the home? (multiple answers are possible).	26
		<b>26a. Moisture or damp spots</b>	26a
52	DAMPNOW	At this moment 1 = Yes 2 = No 9 = Any other response	
53	DAMPPREG	During pregnancy of this child 1 = Yes 2 = No 9 = Any other response	
54	DAMPYNG	During the first year of this child 1 = Yes 2 = No 9 = Any other response	
55	DAMPOTH	At some other time 1 = Yes 2 = No 9 = Any other response	
		<b>26b. Mould spots</b>	26b
56	MOULDNOW	At this moment 1 = Yes 2 = No 9 = Any other response	
57	MOULDPRG	During pregnancy of this child 1 = Yes 2 = No 9 = Any other response	
58	MOULDYNG	During the first year of this child 1 = Yes 2 = No 9 = Any other response	
59	MOULDOTH	At some other time 1 = Yes 2 = No 9 = Any other response	

60	MOLDRM01	Where in the home do these moisture/damp/mould spots occur (more than one answer is possible)	27
		Living room 1 = Yes 2 = No 9 = Any other response	
61	MOLDRM02	Parent's Bedroom 1 = Yes 2 = No 9 = Any other response	
62	MOLDRM03	Your child's Bedroom 1 = Yes 2 = No 9 = Any other response	
63	MOLDRM04	Kitchen 1 = Yes 2 = No 9 = Any other response	
64	MOLDRM05	Bathroom 1 = Yes 2 = No 9 = Any other response	
65	MOLDRM06	Other 1 = Yes 2 = No 9 = Any other response	27
66	MOLDSIZE	Does the total area affected by all moisture/damp/mould spots exceed the size of one postcard? 1 = Yes 2 = No 9 = Any other response	28
67	CFUEL01	What type of fuel does your household use daily for cooking: No food cooked at home  1 = Ticked 2 = Not ticked 9 = Any other response	29
68	CFUEL02	What type of fuel does your household use daily for cooking: Electricity  1 = Ticked 2 = Not ticked 9 = Any other response	



- 69 CFUEL03 What type of fuel does your household use daily for cooking:  
Liquefied petroleum gas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 70 CFUEL04 What type of fuel does your household use daily for cooking:  
Natural gas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 71 CFUEL05 What type of fuel does your household use daily for cooking:  
Biogas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 72 CFUEL06 What type of fuel does your household use daily for cooking:  
Kerosene
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 73 CFUEL07 What type of fuel does your household use daily for cooking:  
Coal/lignite
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 74 CFUEL08 What type of fuel does your household use daily for cooking:  
Charcoal
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 75 CFUEL09 What type of fuel does your household use daily for cooking:  
Wood
- 1 = Ticked  
2 = Not ticked  
9 = Any other response

76	CFUEL10	What type of fuel does your household use daily for cooking: Straw/shrubs/grass  1 = Ticked 2 = Not ticked 9 = Any other response	
77	CFUEL11	What type of fuel does your household use daily for cooking: Animal Dung  1 = Ticked 2 = Not ticked 9 = Any other response	
78	CFUEL12	What type of fuel does your household use daily for cooking: Agricultural crop residue  1 = Ticked 2 = Not ticked 9 = Any other response	
79	CSTOVTyp	What type of stove is <u>usually</u> used for cooking? 1 = Open fire 2 = Surrounded fire 3 = Surrounded fire with sunken pot 4 = Stove with combustion chamber 5 = Two or three pot stove 6 = Griddle stove 7 = Sunken pot stove 8 = Other 9 = Don't know 99 = Any other response	30
80	CSTOVOTH	What type of stove is usually used for cooking? Other (specify) _____  Note: Please enter the stove name specified. Leave blank if no name was specified, or an illegible or invalid response was provided.	
81	CSTOVCHM	Is smoke removed by hood or chimney? 1 = neither 2 = Hood 3 = Chimney 9 = Any other response	31
82	CHMCLEAN	When was chimney last cleaned? 1 = Never 2 = More than 3 months ago 3 = 1-3 months ago 4 = Less than 1 month ago 5 = Don't know 9 = Any other response	31a

83	CSTOVRM	Where is the cooking usually done? 1 = In a room used for living / sleeping 2 = In a separate room used as a kitchen 3 = In a separate building used as a kitchen 4 = Outdoors 5 = Other (specify)_____ 9 = Any other response	32
84	CSTRMOTH	Where is the cooking usually done? Other (specify)_____	
		Note: Please enter the room or area specified. Leave blank if no name was specified, or an illegible or invalid response was provided.	
85	CSTOVENT	What type of ventilation is present where the stove is used? 1 = Closed room 2 = Room with eaves spaces 3 = Room with open windows / doors 4 = Room with 3 or fewer walls 5 = Other (specify)_____ 9 = Any other response	33
86	CVENTOTH	What type of ventilation is present where the stove is used? Other (specify)_____	
		Note: Please enter the ventilation name specified. Leave blank if no name was specified, or an illegible or invalid response was provided	
87	HEAT	Do you heat your house when it is cold? 1 = Yes 2 = No 9 = Any other response	34
88	HFUEL01	What type of fuel do you <u>mainly</u> use for heating: Electricity	35
		1 = Ticked 2 = Not ticked 9 = Any other response	
89	HFUEL02	What type of fuel do you <u>mainly</u> use for heating: Liquefied petroleum gas	
		1 = Ticked 2 = Not ticked 9 = Any other response	
90	HFUEL03	What type of fuel do you <u>mainly</u> use for heating: Natural gas	
		1 = Ticked 2 = Not ticked 9 = Any other response	

- 91 HFUEL04 What type of fuel do you mainly use for heating:  
Biogas
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 92 HFUEL05 What type of fuel do you mainly use for heating:  
Kerosene
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 93 HFUEL06 What type of fuel do you mainly use for heating:  
Coal/lignite
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 94 HFUEL07 What type of fuel do you mainly use for heating:  
Charcoal
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 95 HFUEL08 What type of fuel do you mainly use for heating:  
Wood
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 96 HFUEL09 What type of fuel do you mainly use for heating:  
Straw/shrubs/grass
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 97 HFUEL10 What type of fuel do you mainly use for heating:  
Animal Dung
- 1 = Ticked  
2 = Not ticked  
9 = Any other response
- 98 HFUEL11 What type of fuel do you mainly use for heating:  
Agricultural crop residue
- 1 = Ticked  
2 = Not ticked  
9 = Any other response

99	HSTOVTYP	What type of stove is usually used for heating? 1 = Open fire 2 = Surrounded fire 3 = Surrounded fire with sunken pot 4 = Stove with combustion chamber 5 = Two or three pot stove 6 = Griddle stove 7 = Sunken pot stove 9=any other response	36
100	HSTOVOTH	What type of stove is usually used for heating? Other Note: Please enter the stove name specified. Leave blank if no name was specified, or an illegible or invalid response was provided.	
101	MEAT	In the past 12 months, how often, on average did you eat meat (e.g. beef, lamb, chicken, pork)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	37
102	SEAFOOD	In the past 12 months, how often, on average did you eat seafood (including fish)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
103	FRUIT	In the past 12 months, how often, on average did you eat fruit? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
104	VEGECOOK	In the past 12 months, how often, on average did you eat cooked vegetables (green and root)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
105	VEGERAW	In the past 12 months, how often, on average did you eat raw vegetables (green and root)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	

- 106 PULSES In the past 12 months, how often, on average did you eat pulses (peas, beans, lentils)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 107 CEREALS In the past 12 months, how often, on average did you eat cereals (excluding bread)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 108 BREAD In the past 12 months, how often, on average did you eat bread?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 109 PASTA In the past 12 months, how often, on average did you eat pasta?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 110 RICE In the past 12 months, how often, on average did you eat rice?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 111 MARGARIN In the past 12 months, how often, on average did you eat margarine?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 112 BUTTER In the past 12 months, how often, on average did you eat butter?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 113 OLIVEOIL In the past 12 months, how often, on average did you eat Olive Oil?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response



- 114 MILK In the past 12 months, how often, on average did you drink milk (including flavoured milk)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 115 DAIRYOTH In the past 12 months, how often, on average did you eat other dairy products (including cheese or yoghurt)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 116 EGGS In the past 12 months, how often, on average did you eat eggs?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 117 NUTS In the past 12 months, how often, on average did you eat nuts?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 118 POTATO In the past 12 months, how often, on average did you eat potatoes?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 119 SUGAR In the past 12 months, how often, on average did you eat sugar (including lollies, candies, sweets)?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 120 BURGER In the past 12 months, how often, on average did you eat fast food/burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response
- 121 FASTFOOD In the past 12 months, how often, on average did you eat fast food excluding burgers?  
1 = Never or only occasionally  
2 = Once or twice per week  
3 = Most or all days  
9 = Any other response

122	SOFTDRNK	In the past 12 months, how often, on average did you drink fizzy or soft drinks (include local terminology)? 1 = Never or only occasionally 2 = Once or twice per week 3 = Most or all days 9 = Any other response	
123	TOBACEVA	In the past, have you smoked tobacco on a daily basis, less than daily, or not at all? 1 = Not at all 2 = Less than daily 3 = Daily 9 = Any other response	38
124	TOBACNOW	Do you currently smoke tobacco on a daily basis, less than daily, or not at all? 1 = Not at all 2 = Less than daily 3 = Daily 9 = Any other response	39
125	TOBACAGE	If you have smoked tobacco ever, either daily or less than daily, at what age did you first smoke cigarettes, cigars, or pipe? Note: Use code '99' for an invalid response. Note: Use code '99' for not applicable	40
126	TOBACNUM	On average over the entire time you have smoked, how many cigarettes, cigars, or pipe did you smoke each day? Note: Use code '99' for an invalid response. Note: Use code '99' for not applicable	41
127	TOBACNAR	Do you smoke water pipe ( <i>use local terminology e.g. bong, crack pipe, hookah, hubble-bubble, narghile, shisha, vapourizer, water vapour</i> ) at home? 1 = Yes 2 = No 9 = Any other response	42